San Fernando Valley State College

TAXONOMY OF MOUNTEBANK HEALING ARTISTS

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Science in Health Science

by

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Health quackery has had a long history. The mountebank is that health practitioner who uses discredited, or disproved methods, techniques, or theories in the diagnosis and/or treatment of an illness or disease, and where the treatment is given in bad faith or is consistently and considerably below the standards for health care in the community.

Few attempts have been made to classify the health mountebank, and to the author's knowledge no previous attempt has been made to develop a taxonomy of mountebank healing artists.

Sources of information for the taxonomy have included; both current and past literature, publications of voluntary and tax supported health agencies, persons of expertise in health quackery, and mountebank healers themselves.

The three categories of the taxonomy were placed in a hierarchy according to the availability of raw data; a. 1.00 Medical Mountebank, b. 2.00 Nutritional Mountebank, and c. 3.00 Faith Healing Mountebank. These categories were further broken down into classes and groups.

A decision chart of the taxonomy of mountebank healing artists was developed to facilitate speedy identification of different mountebanks classified in the taxonomy.
The thesis of Evane Edward Rogers is approved:

Committee Chairman

San Fernando Valley State College
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CHAPTER I

INTRODUCTION

Taxonomy is the science of the orderly arrangement of entities according to some scheme of likenesses and differences among various groups. (1)

The earliest attempts at taxonomy involved cataloguing animals so that their names could easily be found. How they were classified depended upon what qualities the classifier had in mind. Taxonomy gradually became concerned with the relationships animals had to each other, so that the degree of homologous resemblances between animals determined the groups in which they were placed. Modern taxonomy expresses a convenient cataloguing of animals including the degree of kinship among them.

The major uses of taxonomy in the field of biology are found in the international codes of: zoological nomenclature, botanical nomenclature, and bacteriological nomenclature.

Since taxonomy had been used in biology with so much success, similar efforts were considered in the field of education. The idea for a classification system of educational objectives was formed at an informal meeting of college examiners at the 1948 American Psychological Association convention in Boston. Bloom aptly described this meeting:
At this meeting, interest was expressed in a theoretical framework which could be used to facilitate communication among examiners. This group felt that such a framework could do much to promote the exchange of test materials and ideas about testing. After considerable discussion, there was agreement that such a theoretical framework might best be obtained through a system of classifying the goals of the educational process, since educational objectives provide the basis for building curricula and tests and represent the starting point for much of our educational research. (2)

As a result of these meetings, the Taxonomy of Educational Objectives, Handbook I: Cognitive Domain was developed and published in May of 1956. One of the problems that the psychologists faced was whether or not educational objectives could be classified. The feeling was that the group was attempting to classify phenomena which could not be observed or manipulated in the same manner as the phenomena in such fields as the physical and biological sciences. The group reached a decision that educational objectives stated in behavioral form had their counterparts in the behavior of individuals, and that such behavior could be observed and described, thus, these descriptive statements could be classified.

Handbook II: Affective Domain was subsequently developed and published in 1964 and was modeled after handbook I. (3)

The taxonomies of educational objectives were among the first applications of taxonomic inquiry to the field of education and as such paved the way for future taxonomies in educational materials.
The field of community or public health education is one in which major emphasis is placed on changing behavior patterns. As such, these behavior patterns are observable and can be manipulated, and individuals exhibiting a particular behavior can be described. The descriptive statements of this behavior can be classified. It would seem, therefore, that there is a potential for taxonomic application to the field of public health education.

One of the problem areas within which the community health educator serves is health quackery. It exhibits itself in the work of a number of health practitioners as well as in the field of advertising. And there is little doubt millions of dollars are spent annually by Americans on phony health treatments involving either medications or devices. One of the difficulties faced by an individual seeking any type of health care or product is the identification of the fraudulent health practitioner. The fraudulent practitioner mimics the "real" health practitioner in dress, speech, and manner. Because of this, plus the alternative he offers to accepted health practice, and the testimonials that he usually uses as advertisement for his practice, many persons risk their lives and waste their money on the polished manner of the health montebank. There are so many different types and variations among these fraudulent healing artists that little knowledge of specific individual groups is available to health
professionals, educators, or the lay public.

STATEMENT OF THE PROBLEM

A major problem in the fight against the mountebank healing artist is the lack of knowledge and understanding on the part of the general public and professional worker of the mountebank himself. The two major weapons that are used to control health quackery are education and legislation. However, past efforts along these lines have been weakened by the lack of knowledge exhibited by those preparing educational and legislative programs.

The purpose of this study was to develop a taxonomy of mountebank healing artists. It was an attempt to develop an educational response to the lack of available comprehensive and organized knowledge about the mountebank.

LIMITATIONS OF THE TAXONOMY

In 1838 David M. Reese stated in his book, Humbugs of New York Being a Remonstrance Against Popular Delusion; Whether in Science, Philosophy, or Religion:

Quackery in general—under this head there are so many and so various genera and species belonging to the same order, that it is convenient to include them together under this general title, rather than give to each of these humbugs a distinction to which they are not entitled, by separate consideration. (4)

While this quote is understandable, how interesting to note the difference in opinion between David Reese in 1838 and the opinion expressed by this thesis in 1971.
concerning the classification of mountebank healing artists. Even in this early time the author of Humbugs of New York acknowledges the different individuals and kinds of healing artists. It is the point of view of this thesis that the mountebank healing artists of the twentieth century do deserve separate consideration and that by such educators could be better prepared to educate against the fraudulent health practitioner.

There are so many different kinds of mountebank healing artists that this taxonomy must be limited in its scope. Thus the taxonomy is limited to three categories: Medical quackery, Nutritional quackery, and Faith-healing quackery. The limitations of each of these categories is of importance.

The "medical mountebank" is that individual who employs a medical orientation to health care. He usually provides unproven treatment methods for health care and, in addition, other health care that he provides is, usually below the standards of medical care in the community in which he works. He tries to take on the accepted appearance, technique, and jargon. This category is limited to the mountebank healing artist who orients his practice in the manner described.

The "nutritional mountebank" believes that the key to health and the cure of illness or disease can be found through foods, supplements, or nutritional practices. The
nutritional mountebank is best described by the term "faddist". The category, nutritional quackery, is limited to: faddists of foods, faddists of nutritional supplements, and faddists of practices involving nutrition.

The "faith-healing mountebank" is one who purports that illness or disease can be cured through faith in a religion or cult. The category of faith-healing quackery is limited to classification of the following mountebanks: the mountebank clergymen, the religious mountebank, the occult mountebank, and the Christian Science practitioner.

This taxonomy does not cover the following in its discussion of mountebank healing artists: simple incompetent care, research, counseling, or mental health quackery.

DEFINITION OF TERMS IN THE TAXONOMY

The definitions which follow are stated in the context in which they are meant in this study. The definitions of the terms, classification and taxonomy, presented together help facilitate understanding of the taxonomical concept. Griffiths defined classification and taxonomy as: (5)

Classification is the ordering of phenomena into groups on the basis of their relationships, that is, of associations by contiguity, similarity, or both.

Taxonomy is the theoretical study of classification, including its bases, principles, procedures, and rules.

Quack is used broadly in the literature on quackery. Dictionaries define quack as "any person who pretends to
have knowledge or skill he does not possess". Quack is also defined as "an untrained person who practices medicine fraudulently". Because the term has been used to refer to so many really differing individual mountebanks it is not used to any extent within this taxonomy.

Mountebank is defined as anyone who uses discredited or disproved methods, techniques, or theories in the diagnosis and/or treatment of an illness or disease, and where the treatment is given in bad faith or is consistently and considerably below the standards for health care in the community. (6)

Healing artist is used to refer to the practitioner who has little to offer but sympathy and understanding and who has great success in dispensing confidence in worthless cures and temporary comfort.

Unproven treatment method is defined as unproven methods of treating disease commonly used by mountebank healing artists.

There are many definitions of health quackery, each with its own special orientation. The definition for health quackery that is used in this taxonomy is the use of discredited or disproved methods, techniques, or theories in the diagnosis and/or treatment of a disease, and where this treatment is given in bad faith or is consistently and considerably below the standards for medical care in the community. (7)
CHAPTER II

LITERATURE REVIEW

The review of the literature for the taxonomy of mountebank healing artists has included the topics: the history of taxonomy, the history of quackery, and the history of quackery classifications.

TAXONOMY

Bruner has described categorization as a thought process. Man's thought processes are attempts to make meaning for himself. Behavior is selected and even recoded, often in simplified form, into categories of experience. Objects are selectively perceived and assigned to categories of meaning which are evolved for each person.

It became possible with these thought processes about man's behavior for man to categorize his fellows, groups of fellows, and masses of groups. Man could also categorize the life around his environment. Aristotle, the Greek philosopher and student of zoology, attempted to classify animals on the basis of their structural similarities. And some time later John Ray in the seventeenth century brought forth a system of classification in which he utilized structural likenesses as the basis for his classification. With the way paved and
with the concept of species formulated, Carolus Linnaeus in the mid eighteenth century gave the world the modern scheme of classification. Hickman in Integrated Principles of Zoology stated:

    Linnaeus was a Swedish botanist connected with the University of Uppsala. Through the collaboration of workers in all parts of the world, he worked out an extensive system of classification for both plants and animals. In his classical work, Systema Naturae, which went through ten editions by 1758, he emphasized structural features of plants and animals in his methods of classification. Although much of Linnaeus's classification has been altered, the basic principle of his scheme is followed today. (9)

    In the early twentieth century taxonomic schemes were present in the form of international codes of nomenclature in the biological sciences. Michael Pelczar and Roger Reid have reported the formation of the International Code of Zoological Nomenclature in 1901 and the formation of the International Code of Botanical Nomenclature in 1906. After some international controversy as to whether microorganisms were plant, animal, or neither, the International Code of Nomenclature of Bacteria and Viruses was published in 1948. (10)

    While the majority of taxonomies have been applied to biological sciences, taxonomy is now being applied to many different types of theory classification.

    Thus far the terms taxonomy and classification have been used interchangeably. Because the terms are really not interchangeable, it is important that the relationships between these terms be examined. Bloom
has stated that:

Taxonomies, particularly Aristotelian taxonomies, have certain structural rules which exceed in complexity the rules of a classification system. While a classification scheme may have many arbitrary elements, a taxonomy scheme may not. A taxonomy must be so constructed that the order of terms must correspond to some 'real' order among the phenomena represented by the terms. A classification scheme may be validated by reference to the criteria of communicability, usefulness, and suggestiveness; while a taxonomy must be validated by demonstrating its consistency with the theoretical views in research findings of the field it attempts to order. (11)

The ultimate goal of taxonomy is the ordering of phenomena into units so that these units can be better understood. The placement of objects into taxonomic groupings facilitates the understanding of like objects as well as helping in the understanding of different objects and relationships between similar objects and categories of objects. The validity of the classification scheme may be measured by the application of two criteria to the taxonomic inquiry. 1. Does the scheme sort the objects into grouping with like characteristics? 2. Do the taxonomic groupings so ordered contribute to the understanding and knowledge of the phenomena under study? (12)

The basic units of taxonomy and the things to be classified are classes and conglomerations of phenomena, not individuals.

The classes within a taxonomy are not defined strictly by their relationships but by their membership.
The common characteristics shared by the classes are evidence of the theoretically derived relationships.

Krathwohl, Bloom, and Masia noted that the central aim of taxonomy is to understand the groupings and the relationships of phenomena in conceptual terms in order to make generalizations and extend knowledge of the field being studied. (13) Taxonomic classification should be based on the most significant theoretical relationships among phenomena under study inclusive of as many of these as possible.

There are some classifications which pertain to a wider range of phenomena and permit more meaningful generalizations than others and in that sense are more useful. Simpson has stated that there is not an ideal or absolute scheme of classification for any particular field of phenomena; there are always a number of classifications possible. (14) These differ with the purpose for which they are constructed.

There are two available approaches to taxonomic classification. They are those of 1. empirical or numerical taxonomy and 2. theoretical taxonomy. In instances where the universe of inquiry is extensive a taxonomy may be statistical in nature with the categories selected numerically. In theoretical taxonomies the categories are selected when a prior conception of the key characteristics to be used in ordering the phenomena
under study are known. In Developing Taxonomies of Organizational Behavior in Educational Administration, Griffiths noted that combinations of the two approaches do take place depending on the purposes of the taxonomic inquiry. One approach or the other may be more desirable. (15)

**Taxonomies in Education**

As mentioned previously, Bloom's Taxonomy of Educational Objectives, Handbook I: Cognitive Domain, was one of the first adaptations of taxonomy to the field of education. (16) This volume contained the theoretical classification of educational objectives within the cognitive domain; knowledge, comprehension, application, analysis, synthesis, and evaluation. These six areas were the categories of the taxonomy. Soon afterward, Handbook II followed, authored by Krathwohl, Bloom, and Masia in 1964. (17) This volume contained the theoretical classification of the affective domain. The five categories included: interests, attitudes, values, appreciations, and adjustment.

A basic discussion of developing taxonomies has been offered by Griffiths. (18) The author presented taxonomic theory as an orientation to taxonomies in educational administration. Areas of taxonomic theory that are covered are those of definitions for classification and taxonomy, of the principal features of
taxonomic inquiry, of taxonomic groupings, of bases for classification, of approaches for forming classes, and of the problems associated with the major functions of taxonomic inquiry. Some of the following discussion on taxonomic theory is adapted from Griffiths.

The exclusiveness of categories was emphasized in a "Classification System for Decision Situations" by a researcher who classified decision situations by focus of change. Ott's criteria for classification was the part of the school system for which change is being considered. (19) In stating that construction of a classification scheme pertains to defining meaningful, useful, and mutually different categories, the author referred to the process of category formulation. First, the category must have meaning in terms of the criteria upon which the classification has been based. The category must be defined in terms of the criteria. Second, the category must be useful; it must characterize the entity which is classified and effectively communicate information about the entity. And finally the category should distinguish its unique characteristics from other categories.

Karl Deutsch discussed various codes for organizing information from theories to the categorizing and coding of large amounts of information in electronic information storage and retrieval system. (20) In expressing the
need for classification of data in certain fields, he stated that better methods of evaluating are needed to develop better strategies for taxonomies, codes, and theories. With the electronic information retrieval and data processing systems, coding schemes will be tried, tested, and evaluated much faster. Larger amounts of data can be included in codes and the validity of the scheme can be tested much faster, resulting in an acceleration of the feedback process.

In a taxonomy of performance objective behaviors Harmon classified performance in job training programs.

(21)

These taxonomies in education are representative of those being developed.

QUACKERY

The word mountebank was mentioned by Stanyhurst in "Description of Ireland" as early as 1577, and applies to the traveling "quack" who from a platform appealed to his audience by means of stories, tricks, and jugglings, often assisted by a clown or fool. (22) The "quack" of 1971 may or may not be trained, he may be a full doctor of medicine or a person with only a high school education. He probably advertises in one form or another and he usually has his loyal patients who testify to the worth of the practitioner's treatment. So, this old term
is really very much up to date. Today's "quack" is mobile
as is the current society, thus the term "traveling
quack" is most appropriate. He also appeals to his audi-
ence by means of stories, tricks and juggling.s. His
theories, treatments, and testimonials are most probably
stories, tricks and juggling.s of true facts. Today's
"quack" has advanced advertising techniques in television
and radio so that his stories can reach a wide audience.
And, as the "quack" of old was assisted by his clown or
fool, it is suggested here that today's fraudulent health
practitioner is assisted by his indoctrinated patients
and friends who may be likened to these clowns and fools.

No one knows when or where health quackery
originated or who was the first mountebank. But there
are written records that testify to the fact that people
in early times were concerned with health quackery.
Menander (343-292 B.C.) recognized and wrote of the
early mountebank: "There was once in a remote part of
the East a man who was altogether void of knowledge and
experience, yet presumed to call himself a physician."
(23) The majority of mountebanks treated any and all ail-
ments and each individual had his own special elixirs,
oils, or tonics.

Although mountebanks were penalized rather
harshly as early as the fourteenth and fifteenth
centuries, Henry VIII in 1511 introduced an act for the
regulation of medical and surgical practice with powers to suppress mountebank practitioners. (24)

The mountebank has been a skillful advertiser and at an early point in history must have recognized the advantages of advertising. Before the printing press was developed the mountebank could only depend on his voice or perhaps written messages, but in the sixteenth century he soon recognized the advantages of the press and the wide circulation he received from hand-bills. Also in the sixteenth century the College of Physicians in London had the authority to punish mountebanks with prison sentences and fines. (25)

In the new world the frontier medicine man traveled from settlement to settlement with his colorful wagon and his "snake oil" or "wolf milk elixir". He usually presented a show at which some individual would testify to the curative power of the mountebank's medicine. The medicine man usually left town soon after to avoid public retaliation. His medicine was supposed to be good for a large number of ailments but it usually was a worthless cure consisting of some type of alcoholic solution.

It didn't take long for some mountebank's to realize that quackery was big business. In the larger cities mountebanks banded together and developed startling operations. Some, such as the Rheinhardt Brothers
of Chicago, used scare techniques and even pictures and wax figures of diseased persons to fright-prospective patients into treatment rooms where they were administered such cures as river water, laxative tablets, alcohol, and water for $2-5 dollars per four ounce bottle. (26) Others became very powerful influences upon whole nations. Dr. John Brinkley of Kansas and later Texas broadcast his words of wisdom from Mexico to Canada between the years 1917-1941. He owned his own radio station, operated on patients in his own hospital, and had his own "medical" staff. (27)

The Medical Mountebank

The medical mountebank of today is a far cry from the old fashioned spieler of yesterday. The medical mountebank usually is designated by the title, "doctor", whether the individual be "doctor of medicine", "doctor of naturopathy", or "doctor of radionaturomagnetism". Besides a title which designates the person as doctor of some scientific study, this mountebank also tries to have an office that is patterned after the traditional physician with scientific magazines, degrees hanging on a wall, the smell of drugs, mechanical devices in white and dark cabinets, and of course nurses in white uniforms.

Based on education and state licensure there are three different classes of medical mountebanks. First,
there are the mountebank practitioners who held a degree in medicine from an accepted medical school and are licensed to practice medicine within the state licensing them. Second, there are certain health mountebank practitioners who are licensed by state to practice such forms of health care as chiropractic, osteopathy, and naturepathy. And third, there are those healing artists who are not licensed or educated by approved governing bodies in the practice of a particular form of health care but who may practice health care without education or license.

There are many varied names for medical mountebanks which result in a loose identification of these healing artists. Even if the mountebank is one of the two classes which are licensed by state; 1. the physician mountebank, and 2. the licensed "medical" practitioner, he may often be confused with the many other types of health practitioners. For instance, a chiropractor may identify himself as "doctor of chiropractic". This title to the informed individual means one thing, and to the uninformed individual another. Almost everyone in the United States has heard of the word "doctor". But not everyone knows the meaning of "doctor of chiropractic". Many persons do not realize that such a person believes that disease is caused by a deviation of bony segments of the spinal column. (28)
And even fewer of these uninformed individuals know that by law in most states chiropractors cannot prescribe drugs or perform surgery. (29)

Also there are the third class of medical mountebanks, the unlicensed "medical" practitioner, who have no state licensure to practice any type of health care but who practice under the cloak of one who is licensed or some proclaim themselves to be licensed. These persons call themselves "doctor", "physician", "specialist", and usually add some descriptive information to the title they have bestowed upon themselves such as doctor of naturomagnetism and vitanutritional supplements.

As indicated there is a broad range of individuals with differing education and certification backgrounds and practice methods who refer to themselves as "doctor". When the accepted medical physician is also referred to by the public as "doctor" there is sure to be confusion among patients as from whom they should seek health care.

As mentioned earlier, the medical mountebank may have a number of unproven treatment methods with which to treat his patients. These unproven treatment methods are grouped into two areas; 1. chemical or drugs, and 2. mechanical devices (other methods are used and are discussed in following sections).

The chemicals and drugs that are commonly used by medical mountebank healing artists may vary widely.
Usually they may be grouped into those that are toxic and those that are non-toxic. For the most part toxic drugs are dispensed by medical mountebanks who are authentic M.D.s, and thus by law can prescribe medicines. Although this is not to say that other mountebanks do not use toxic drugs in their practice, the point being that the "M.D. Mountebank" has easier access to toxic medicines. The non-toxic drugs are usually harmless to man unless impurities exist within the chemical compound. The only uniformity that one finds within the use of drugs by mountebank healing artists are those "prescribed" for certain diseases although some of those "cures" have been espoused for a number of different maladies. A good example of such a drug is the Hett "Cancer Serum" which was discovered by John Emil Hett, M.C. in 1931. He insisted that his serum would cure diabetes, arthritis, peptic ulcers and cancer, although investigation showed the serum to be medically harmless, but of unproven value. (30) So, although this "cure" was mainly to be used in the treatment of cancer it could supposedly also be used to treat other diseases.

Mechanical devices are usually less disease specific than drugs. A given device will perhaps be recommended for say, cell diseases as is the Dotto Electronic Reactor (31) or chronic diseases as are devices filled with radioactive ore. (32) Others are
broad range treatment devices and may be proposed for the "cure" or "diagnosis" of all types of human ailments. The list of mountebank treatment devices includes; the MicroDynameter, the Drown Instruments, the Spectro-Chrome, the Radioclast, the Ozone Generator, the Depolaray, the Hubbard E-Meter and Hubbard Electrometer, Orgone Energy Devices, the Cameron Hectometer, Ellis Micro-Dynameter, the Sonus Film-O-Sonic, and many others. (33)

The Nutritional Mountebank

The field of nutritional quackery is cluttered with mountebanks, faddists, and know-nothings who prey upon nutritional hypochondria.

In describing the nutritional mountebank the word, faddist, is especially appropriate because of the "passing fashion" nature of different food fads such as the many diets which enjoy short term popularity only to be replaced by the next fad diet or supplement theory. The theory of Fletcher Mastication which was so popular during the early part of this century is a perfect example of nutritional faddism.

The area of nutritional quackery is difficult to study apart from medical quackery. Kime states:

Food faddism or nutritional misinformation is included within the general topic of medical quackery as proponents constantly claim that special foods and their particular brand of nutrition are the only road to health and the avoidance of disease. (34)
Because nutritional quackery is often practiced by the medical mountebank who has drifted into espousing fad diets, vitamin supplements, or nutritional practices, the nutritional mountebank may appear as a physician, chiropractor, or other medical mountebank. The "pure" nutritional mountebank may bill himself as "nutritionist". This individual would be the person who has little connection with medical healing. While a nutritionist by definition should have a degree in nutritional studies, there is little regulation in this area of endeavor.

Diets and dietary supplements are prescribed by the nutritional mountebank who espouses that disease or illness can be cured and general health improved through the ingestion of a particular diet or combination of nutritional supplements. An example of this treatment mode is the "Grape Cure" for cancer in which the patient ingests nothing but grapes and water for a period of weeks with gradual decrease in the amount of grape product intake and the addition of different health foods. (35)

In the paper, "Nutritional Nonsense", presented by Samuel Soskin to the California Congress on Medical Quackery in 1962 one of the greatest nutritional mountebank schemes ever was described. (36) Dr. Herman Taller published a book titled Calories Don't Count which represented that safflower oil capsules were effective for weight control without regard to caloric intake.
It was also claimed that these capsules were effective in lowering the cholesterol level of the blood, for treating arteriosclerosis and heartburn, improving the complexion, increasing resistance to colds and sinus trouble, improving health, increasing sexual drive and other purposes. (37) Large quantities of the CDC capsules and copies of the book were seized by the authorities on charges of false labeling. The book had been published to promote the sale of a commercial product in which the author had a financial interest.

Another modern example of an individual classified as a nutritional mountebank is Carlton Fredricks. Though successfully prosecuted and slightly punished by the Food and Drug Administration for false labeling of 42 products of a firm called "Foods Plus" over the radio, Mr. Fredricks may be heard on the radio or television today. (38)

In the exciting little book, *The Nuts Among the Berries*, Ron Deutsch presents an expose' of food fads in America. This is perhaps the most comprehensive chronology of nutritional faddism available. The nutritional faddist is revealed in-mass from Sylvester Graham of the Graham Cracker to Nutri-Bio products and Robert Cummings. The actor had reported his nutritional findings in a book *Stay Young and Vital*. (39)
The group of unproven treatment methods usually found in nutritional quackery include: food diets, vitamin, mineral or other supplements; and nutritional practices.

The food diet and nutritional supplement theories are usually found in publications of the mass media; magazines, newspapers, or books. Nutritional practices involve routines which include any of the unproven treatment methods commonly used in nutritional quackery. The theory of Fletcher Mastication is an example of a nutritional practice. This theory stated that one chewed one's food until it slipped unconsciously down the throat.

(40)

The Faith Healing Mountebank

The area of faith healing is perhaps the most difficult topic area within health quackery to study because of the involvement of religion and because of the diversity of faith healing mountebanks. This category includes both religious and occult faith healing. One must recognize that faith plays an important role in the healing process of any illness. It is just as important, if not more important, that physical illness be treated by medically proficient methods and practitioners.

Faith-worship healing takes into account these healing practices which have some spiritual significance attached to the mountebank healing experience. This area includes those healing efforts for which there is no
proven scientific evidence to support the purported "cures". Unproven treatment methods range from religious faith healing to the spiritual healing of the occult, and include prayer cloths, contact healing, mind healing, and the occult ceremonies.

An example of faith healing quackery would be the religious mountebank who implies over the radio that the application of a "prayer cloth" to a diseased area will result in recovery from the disease. Advice such as this could possibly detour the patient away from approved medical care and in this sense is a public danger.

Fishbein reported that in May of 1923 faith healing meetings were held in Vancouver at which an evangelist refused to submit to committee research the data of 350 presumably cured persons. Investigation revealed: that 5 were cured after six months, 38 showed general improvement, 212 who declared they were cured were found unchanged, and 17 were worse. Thirty-nine were dead after six months. (41) Usually the cures of organic diseases claimed by faith healing may be classed as alienation or remission, mistaken diagnosis or prognosis if not self diagnosis, or results of combined spiritual or medical treatment.

Faith healers usually work with local ministers of small fundamentalist churches who round up people who feel that they need healing. The healer's colleagues
usually select the persons whose illness is best suited
to the faith healers talents. Then the healer goes to
work utilizing emotions, suggestion, and the patient's
desire to please the audience. (42)

"Witchcraft having been employed in all ages to
cure diseases, as well as to inflict them, is another
species of quackery," this statement was made by David
M. Reese in 1838 in reference to witchcraft in the
eighteenth century. (43) The statement points out that
the occult was recognized as a form of quackery. An
earlier reference to witchcraft and satanism introduces
an interesting notion, that drug medicine had its
beginnings in the occult practitioner. In Satanism and
Witchcraft- a Study in Medieval Superstition Michelet
describes a turn of events that led men to forsake the
practiced healing methods of the middle ages, which were
largely religious, and seek help from the witch or
sorceress. During this time the sorceress fulfilled the
position of mid-wives and were the only practitioners.
Although the "Witches Herbs" were described as carriers
of death, some of these plants were actually remedies,
since poisons given in small doses may act as remedies.
(44)

The greatest revolution the sorceress brought
about was a change in attitudes concerning ingestion
into the body of various substances. They boldly
proclaimed the doctrine that "nothing is impure and nothing unclean". (45) From this time on physical science and medicine became possible. Thus, the occult practitioner used medicines in the form of herbs to cure illness.

Today, the occult is enjoying a certain amount of revival. Satanism, witchcraft, and a number of smaller followings are active in the confines of the United States and certain fractions of these groups are involved in healing of the sick. (46)

Another area of faith healing is Christian Science. Christian Science is the largest and best organized of the unorthodox faith healing cults. Founded by Mary Baker Eddy sometime between 1866 and 1879, the church has no clergymen but maintains readers instead, one whose task it is to read passages from both Science and Health and the Bible. In 1875 Mary Baker Eddy published the Christian Science textbook, "Science and Health with Key to the Scriptures". (47) Christian Scientists do not consult doctors or use drugs to cure diseases. This faith relies on "practitioners" for the healing of the sick. The booklet, Christian Science Practice, explains the practitioner as:

The office of Christian Science practitioner is a holy calling to which every student of this Science who feels suited to the work should aspire. In order to heal by Science, you must not be ignorant of the moral and spiritual demands of Science
nor disobey them. An essential step in the student's preparation for practice is church membership. The next orderly step is class instruction with a loyal teacher of Christian Science. (48)

The Christian Scientist believes that disease has a mental cure. The doctrine of Christian Science states that a physical disease cannot be healed by drugs or surgery, the evil cause must be destroyed and can only be demonstrated by anyone in the degree of his understanding of it. (49)

In Faith Healing: God or Fraud Bishop reports that:

Facts, simply expressed, have a way of taking on an accusative or condemnatory connotation; it is only then with a resigned weariness that I report that of all the Christian Scientists interviewed in the preparation of this volume not one could give me a firsthand, or even a secondhand, testimonial to a clearly perceivably organic healing. (50)

In certain instances Christian Scientists will take individuals with bad fractures and like injuries that do not respond to Christian Science practice to a medical doctor.

On the whole Scientists are a stable group of our society and carry their belief well. They are a deeply religious church with a particular belief toward the healing of the sick.

The unproven treatment methods of the faith healing mountebank are termed faith healing practices.
The faith healing mountebank clergyman employs prayer, prayer cloths, and contact healing in the cure of organic disease. Contact healing is simply healing by physical contact with one who is gifted as by the touch of a hand.

The occult faith healer involved in the healing of the ill utilizes; prayer to satan, a witch, or other occult deity; occult ceremonies, such as the black mass; and other techniques.

The Christian Science practitioner employs mind healing to cure physical illness.

Six Rules for Recognizing the Mountebank

The six general rules for recognizing the mountebank healing artist were aptly described by the American Medical Association in the booklet, "Facts on Quacks":

(51)

1. The quack often uses a special or secret formula or machine that he claims can cure disease.

2. He may promise or imply a quick or ease cure, or he may talk about pepping up your health.

3. He advertises, using his case histories and testimonials from his patients to impress people.

4. He refuses to accept the tried and proven methods of medical research and proof. He clamors constantly for medical investigation and recognition, but he avoids a test and stops short of giving the data needed for a scientific evaluation.
5. He claims medical men are persecuting him or that they are afraid of his competition.

6. He claims that his method of treatment is better than surgery, radiation, and drugs prescribed by a physician.

While there are characteristics which pertain to each individual type of mountebank healing artist, these six rules apply to any of the varying mountebank healers.

**The Acceptance of Mountebank Treatment Methods**

Mountebank healing artists may have many different types of treatment methods. Usually these proposed treatment methods are "pet" theories developed by the mountebank or are picked up from another mountebank. For a proposed treatment method to be accepted by national, state or local governmental and independent health agencies the person or group espousing the particular method must present accurate, scientific research and documentation to support the fact that the treatment is indeed effective in the control or eradication of the disease intended or one of its forms. Until the treatment method is accepted as an effective agent against disease it is labeled an "unproven treatment method". Such treatments may not be administered to patients unless the treatment is placed within an experimental category by the Food and Drug Administration or is approved by state groups such as California's Cancer Bureau and Cancer Advisory Council. (52)
**Education Against the Mountebank Healing Artists**

Education against the mountebank healing artist is usually difficult because he is often not easily distinguished from the accepted health practitioners. The mountebank health practitioner himself operates in a very cautious manner, often staying just within the law. The mountebank can always claim that he is conducting research and not practicing health care. It is very difficult to educate against the mountebank when his followers and former patients are campaigning against the approved medical treatments. Anyone who has ever come in contact with a person who believes in an unproven treatment method or mountebank healing artist knows how closed minded these individuals are.

It is extremely difficult to educate against the mountebank when this person may be a member of the professional elite. In this instance the practitioner has more public and even professional prestige going for him. A good example of the reputable physician who becomes involved with a fraudulent cure is the case of Dr. Andrew Ivy, formerly of Northwestern and then the vice president of the University of Illinois. Holland reports that Dr. Ivy became involved with the unproven drug, Krebiozen, through a Dr. Durovic and later was found to be keeping false records of patients who were supposedly cured by Krebiozen. (53)
While law is being used to control health quackery to some extent, education of the total public appears to hold the most promise.

Laws Against the Mountebank Healing Artist

What part is legislation playing in the control and eradication of health quackery in the United States and in California? While there are laws which prohibit the practice of medicine without a license and the selling of misbranded drugs, the enforcement of these laws require a tremendous amount of evidence and law enforcement effort to convict offenders.

California has in part responded to the need for a more powerful law to control health quackery. This response is the California Cancer Quackery Law, Senate Bill 660, which made a violation of any of the provisions of the chapter, the regulations of any valid order issued by the State Department of Public Health a misdemeanor, and violation of a cease-and-desist order unprofessional conduct. (54) It permits issuance of an injunction if a cease-and-desist order is violated. This law places the burden of proof upon the proponent of the cancer agent. Saylor reports that the information available on the first ten years of the existence of the law seems to indicate that some mountebank healing artists refuse to treat cancer patients because of fear of loss of license or jail terms. (55)
Rami fications of the Mountebank within Ethical Health Fields

The existence of mountebank healing artists causes negative ramifications within a number of fields of health care. The medical endeavors themselves are confronted with the problem of disharmony among their varying practitioners. The mountebank healer campaigns just as hard for his cause as the medical and public health profession do against the mountebank healer and health quackery. Thus, there exists a state of tug-of-war within the medical, nutritional, and religious endeavors. In the field of public health the activities and mere existence of mountebank healing artists tends to upset the main objective of public health, which is to attain a state of reduction in disease and suffering among the citizens and to reach as near as possible a state of perfect health. Though there are other blocks to the accomplishment of this goal, the mountebank healing artist acts as an antagonist against the progress toward such a goal.

HISTORY OF QUACKERY CLASSIFICATIONS

What is the history of quackery classifications? What were the early attempts, if any, to classify mountebanks? It seems that in the past any effort at a classification in the area of health quackery resulted in descriptions of the treatment philosophies rather than
the healing artist. This phenomenon is justifiable because in the past practitioners of fraudulent health practices catered to one treatment fad or another and were usually not as diversified as the mountebank of today. The mountebank of the 1970's will draw upon many unproven treatment methods; different medicines and drugs, different mechanical devices, and different practices. But in the past the mountebank tended to follow one philosophy such as eclecticism, homeopathy, or osteopathy. So, it was much easier for the person building the classification to merely describe the philosophy. But today this method would be difficult to work with. For instance, if the researcher was describing the class, osteopathy, it would not suffice to present merely material on Andrew Still and the osteopathic philosophy of interference with the body's ability to produce its own curative agents. (56) Because the mountebank of the present who exhibits himself as an osteopath probably does not restrict his treatment methods to osteopathic means but will utilize whatever method interests his fancy. So it is that this type of classification today would be very superficial in its depth.

Although no true classification of mountebank healing artists has been found in the literature a number of works have classified different mountebanks and cults to a minor extent.
Morris Fishbein in The New Medical Follies which was published in 1927 by Boni and Liveright of New York has worked out good histories and descriptions for a broad scope of mountebank philosophies. The material on eclecticism, faith healing, naprapathy, naturopathy, osteopathy, and Christian Science is especially well presented. The material on faith healing includes a scientific study done on an evangelist and 350 of presumably cured persons. (57) Fishbein here has offered short histories for each category and not a classification as such.

A fair discussion of different types of mountebanks is to be found in The Quacks of Old London by C. J. S. Thompson. (58) Published in 1928 by Bretano's LTD. of New York, this book contains definitions for some of the early names given fraudulent healers in the fourteenth through the seventeenth centuries. These include; quacksalver, mountebank, charlatan, and empiric. The author here dwells extensively on individuals and their locations in "Old London" and also their personal traits, mannerisms, and characteristics. There is no order to the different mountebanks and thus no classification. In this work there is clearly no purposeful attempt to classify.

Back in 1838 David M. Reese wrote Humbugs of New York in which he stated that he didn't feel the various
humbugs deserved separate consideration, so he lumped them together under "general quackery". While recognizing that there were various "genera and species" among mountebanks this work purposely steers clear of a classification. Reese talks of pill doctors and imposters posing as MDs, as well as stating that, "This humbug (witchcraft) prevailed as late as the eighteenth century, and all who dared to doubt it were regarded as atheists." (59)

In The Doctors' Dilemmas Louis Lasagna presents a general discussion of medical quackery with references to various mountebank healing artists. (60) Again, this discussion of Lasagna's is not a classification but presents factual material on individual mountebanks and different philosophies. Of particular interest is a section in defense of osteopaths and chiropractors.

Three kinds of cancer "quacks" have been described by Cameron in The Truth about Cancer. Even though these three types refer to "cancer quacks" they may also apply to other types of mountebank healers. Cameron's three types were: the dumb quack, the deluded quack, and the dishonest quack. (61) These types are based on the knowledge, education, and moral sense and do not refer to individuals. And there is no presentation of characteristics or identifying attributes in conjunction with these types so that they could be used together to identify certain mountebanks. This is, however, an
attempt at classification and does help one to understand the mountebank healing artist.

Another attempt at a classification in health quackery was made by Dr. Beatrix Cobb in her discussion "Why Do People Detour To Quacks" which appeared in The Psychiatric Bulletin in the summer of 1954. This classification is of patients who seek nonmedical treatment. The four categories include: the miracle seekers, the uninformed, the restless ones, and the straw graspers.

(62) Under each category is a description, the stage of orthodox treatment which the patient was in when detour took place, and some examples. These categories represent a form of classification in health quackery and certainly one of the few classifications of patients who patronize the mountebank healer.

These few listed works are representative of what has been done in the classification of health quackery. Few classifications do exist.

SUMMARY

This chapter has presented a brief history of taxonomy along with some of the recent taxonomies outside of those in the biological sciences. It has also presented a short history of health quackery and health quackery classifications.
CHAPTER III

METHODS

This study attempted to develop a taxonomy of mountebank healing artists. While many individuals have written about the health mountebank, to the extent of the author's knowledge few have tried to develop a systematic way of classifying this type of person.

The methods employed in this study are described in this chapter.

SOURCES OF INFORMATION

Current and past literature have provided many references to groups of mountebank healing artists. These references are evidence of pre-existing recognizable groups within health quackery. Such references contain names, descriptions, characteristics, practices, and mannerisms of different mountebank healing artists. Data from the available literature was utilized to form the basis of the taxonomy.

Publications from voluntary and tax supported health agencies have been a valuable source of information on the health mountebank. Such governmental agencies dealing with health fraud as the Food and Drug Administration have published a great amount of material on
health mountebanks. The American Medical Association has also been involved in the fight against health quackery and the mountebank. The Association has published and distributed many articles and other forms of printed materials. A number of voluntary health agencies also have produced educational materials on the same topic. For example, the American Cancer Society has produced films as well as literature on cancer quackery. In addition the Society has attempted to keep up to date files on all cancer mountebanks.

Another source of information on the mountebank healing artists has been individuals who have expertise in the area of health quackery. In addition, the mountebank healer himself has been a source of observation and information.

PRINCIPLES OF CLASSIFICATION

Because the taxonomy is to be used in existing health education programs, the distinctions between classes reflect those distinctions which health educators make among health mountebanks. These distinctions can be found in the literature educators produce on the subject of health quackery.

The taxonomy has been logically constructed and is internally consistent. Each category must have logical subdivisions which are clearly defined and allow further
subdivisions. Terms must be defined and consistently used throughout the taxonomy.

Consistency with current knowledge of health quackery phenomena has been a prime consideration and guiding principle in construction of a taxonomy of mountebank healing artists. The taxonomy must follow and conform to the current knowledge on the health mountebank or face neglect and rejection of its intended users—the health educator.

The taxonomy should be a purely descriptive scheme in which all types of mountebank healing artists can be represented in a relatively neutral fashion. It has already been noted that the taxonomy is a classification of mountebank healing artists and as such the taxonomy cannot be completely neutral.

DEVELOPING THE TAXONOMY

Keeping the principles of classification in mind, the author began work on the taxonomy by compiling a list of major mountebank healing artists. After the limitations of the taxonomy were decided upon, descriptive references of mountebank healing artists were gathered and catalogued by the particular healing artists. Next the categories and subdivisions were selected and the descriptive statements then listed under the appropriate category, class, and group. The subdivisions, classes
and groups, were defined so that communication concerning the specific mountebank could be understood.

CRITERIA FOR THE CATEGORIES

Standards of judgement for the development of each category in the taxonomy of mountebank healing artists vary. The standards utilized were put in the form of questions.

Criteria for Medical Mountebank

Does the mountebank use special or secret formulas and medicines to treat illness and disease, and does the mountebank orient his practice after the medical profession?

Criteria for Nutritional Mountebank

Does the mountebank espouse nutritional methods; diets, supplements, and nutritional practices for maintaining health and treating illness and disease, and does the mountebank orient his activities toward health through "proper" nutrition?

Criteria for Faith Healing Mountebank

Does the mountebank use worship or faith healing as a cure for illness or disease, and does the mountebank orient his activities toward healing through faith in a god or deity?
Rational for a Hierarchy within the Criteria

The construction of a hierarchy within the criteria which separate the three categories of the taxonomy has been based on the availability of raw data. Among the sources of data on the mountebank, the majority of information involves the medical mountebank. In much of the information nutritional quackery has been included within the range of medical quackery as is exemplified by Kime. (63) Thus, the criteria for medical mountebank has been placed first in the hierarchy and the criteria for nutritional mountebank has been placed second, based on the larger amount of data available on the medical mountebank.

Data on the faith healing mountebank has been limited and poorly documented. This is due to the religious involvement of the clergymen mountebank, the religious mountebank, and the Christian Science mountebank, and the secrecy involved in occult mountebanks. As a result the criteria for faith healing mountebank were placed third behind the criteria for the medical mountebank and for the nutritional mountebank. The hierarchy of criteria presented in the taxonomy of mountebank healing artists were finally ranked as follows: 1. Criteria for Medical Mountebank; 2. Criteria for Nutritional Mountebank; and 3. Criteria for Faith Healing Mountebank.
CRITERIA FOR LIMITING THE TAXONOMY

The criterion for deciding what the taxonomy of mountebank healing artists covered was: "Does the mountebank seek to treat and cure physical illness, physical disease or improve one's physical health?"

Incompetent care, research, and counseling of health problems were not included in the taxonomy, it was determined that these characteristics did not meet the standard set for the above criterion.

Mental health quackery was not included in the taxonomy of mountebank healing artists, because it did not involve physical health.

CONSTRUCTION OF A DECISION CHART

A decision chart of the taxonomic scheme was constructed to facilitate taxonomic classification. The decision chart was based on a series of statements commonly used to identify mountebank healing artists. Other statements were developed to further differentiate the mountebank into categories, classes, and groups.

The decision chart is a brief schematic chart of the taxonomy of mountebank healing artists. The chart is utilized in much the same manner as is a programmed learning instruments. At each step in the chart a decision is made concerning a question asked at that point.
Two alternatives are offered for each question, Yes or No, and each alternative leads to another different question further into the chart. The decision chart forms a "decision tree" which divides a general group of health mountebanks into three categories, ten classes, and eighteen groups. The decision chart of the taxonomy of mountebank healing artists is also a method of comparing the existing categories within the taxonomy with those existing categories within the taxonomy with those existing outside of the proposed taxonomy.

Testing the Decision Chart for Ambiguities

The decision chart was tested for ambiguity in its discriminations of mountebank healing artists on ten persons.

The ten persons were given six typical descriptions of the mountebanks classified in the taxonomy, and were asked to utilize the decision chart to identify the category, class, and group of the mountebank described. Whenever a person noted that some part of the chart was unclear, the ambiguity was corrected.

For information on testing instructions and instruments refer to the Appendix.
CHAPTER IV

DISCUSSION AND RESULTS

The taxonomy of mountebank healing artists is a theoretical taxonomy, as opposed to an empirical or numerical taxonomy. If the purpose of the taxonomy had been to test classification strategies, including identifying an extensive number of attributes for use in classifying entities, or the derivation of groupings on the basis of like characteristics between the entities classified, the empirical or numerical approach to taxonomy would have been desirable. However, in the case of medical, nutritional, and faith healing mountebank artists, the number of characteristics is not extensive in number and the data available in literature and other sources is not extensive, therefore the theoretical avenue offered the more economical and practical approach to a taxonomy of mountebank healing artists.

TAXONOMY AS A CLASSIFICATION DEVICE

The major purpose in constructing a taxonomy of mountebank healing artists was to facilitate communication and understanding. The feeling has been that mountebank healing artists were so varied and misunderstood that little exact and comprehensive knowledge was available from one single source.
The task of building a taxonomy was visualized in three stages. In the first stage, the development of a taxonomy of mountebank healing artists required that symbols be chosen which appropriately represented the classes of mountebanks to be classified. In the second stage these symbols had to be precisely defined so that they were fully usable and understandable to educators and others who were likely to use the taxonomy. And in the final stage the taxonomy had to be tested so that the consensus of the testing group could be secured.

A Classification of Mountebank Healing Artists

The taxonomy was designed to classify mountebank healing artists of three areas of health quackery; medical quackery, nutritional quackery, and faith healing quackery.

Mountebanks of mental health were not included within the taxonomy.

A COMPARISON OF CATEGORIES AND CLASSES OF THE TAXONOMY

There were classes of mountebanks in the proposed taxonomy which seemed to have characteristics of one or more of the other categories or classes in the taxonomy. Table I illustrates the overlap between some of the classes within the three categories of the taxonomy. The table indicates the extent of overlap by the length any particular class extends into another category.
For instance, the class, Food Mountebank, included those nutritional mountebanks with some of the characteristics of both medical mountebanks and faith healing mountebanks. Thus according to Table I the class, Food Mountebank, would have characteristics of the category, Medical Mountebank, to a greater extent than it would have characteristics of the category, Faith Healing Mountebank. The class, Christian Science Mountebank, did not overlap into either the category of Medical Mountebank or the category of Nutritional Mountebank.

PROBLEMS ENCOUNTERED IN BUILDING A TAXONOMY OF MOUNTEBANK HEALING ARTISTS

This section is devoted to a discussion of the various problems which were encountered in the building of the taxonomy of mountebank healing artists.

The very first problem considered whether or not health mountebanks could be classified. Because the mountebank was observable and could be characterized by terms and concepts, it was decided that descriptive statements of observed characteristics and behavior could be classified. In order to classify any grouping of entities the group had to have certain identifying characteristics. The three groupings classified in the taxonomy had identifying characteristics and have been referred to in literature on health quackery. Thus, the groupings have been theoretically existent in research relating
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<th>Medical Mountebank</th>
<th>Nutritional Mountebank</th>
<th>Faith Healing Mountebank</th>
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<td>Physician Mountebank</td>
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<td><strong>CLASSES</strong></td>
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<td>Religious Mountebank</td>
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<td>Occult Mountebank</td>
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<tr>
<td>Christian Science Mountebank</td>
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to health quackery.

Early in the development of the taxonomy, determining the scope of the classification became a problem. The question was whether or not three categories were too large an area to cover. While each of the three categories could have been developed into a taxonomy in itself, it was decided that to leave out one or two of the categories would hinder the effectiveness of the research. It was decided that if the range of phenomena within the taxonomy was wider, more meaningful generalizations about the classified data could be stated. In that sense the categories would be more useful. To limit the taxonomy to a classification of medical mountebanks would have provided much data to review, but would have made an inadequate taxonomic classification structure. To build an effective taxonomic structure it was desirable to include as broad a coverage as possible.

Another problem considered was the lack of up-to-date information of the health mountebank. The literature did not include well-documented, current information on the mountebank. The majority of the literature was written in the thirties and in the early sixties. The literature on the faith healer was especially vague and limited. Experts in the field of health quackery were also limited in their knowledge of the mountebank. Usually each expert was knowledgeable in a certain area
of quackery. These were some of the factors which contributed to this lack of current information.

CLASSIFICATION VS TAXONOMY

As mentioned in Chapter II there are rather distinct differences between a classification and a taxonomy. Thus having classified mountebank healing artists, the term used in the taxonomy had to be ordered in accordance with the "real" order among the phenomena on health mountebanks represented in the taxonomy. Validation of the taxonomy came about through demonstration of consistency with theoretical views in research findings in the field of public health.

No simple set of terms and definitions could satisfy as an inquiry into mountebank healing artists. The method of ordering had to reveal significant relationships among the phenomena ordered. Besides these relationships, some of their basic properties also had to be demonstrated.

The order of criteria or hierarchy was based on the availability of raw data and in that sense was consistent with research findings on health mountebanks. Other hierarchies were possible but the present one seemed to represent the most significant hierarchial order of criteria at this time.
THE CLASSIFICATION SCHEME

Each category was divided into three sections as follows:

1. The category itself (indicated by the numbers 1.00, 2.00 or 3.00), a brief description of the category and its position in the taxonomy hierarchy. In this section is found illustrative descriptions and statements. Also included is an evaluation of the mountebank and his behavior.

2. The class (indicated by the numbers 1.10, 2.10 or 3.10), the range of the particular class of mountebank utilizing Table I, A Comparison of Classes of Mountebank Healing Artists. Found in this section are the problems the mountebank poses to the health education profession.

3. The group (indicated by the numbers 1.11, 2.21 or 3.31), in this section are the illustrative descriptions and characteristics of the mountebank, followed by examples of the particular mountebank.

DATA FROM THE TESTING OF THE DECISION CHART

The testing of the decision chart has produced two groups of data. First, the number of unclear statements which were found in the decision chart. Second, the answers to the three questions which followed the
classification of the six "health practitioners".

Table II indicates the number of unclear statements which were found in the decision chart by each of the ten tested persons. The table lists these ambiguities by category as well as by person. After each interview, corrections were made in each of the statements found by the tested person to be unclear.

QUESTION ANSWERS

These following three questions were asked of each of the ten tested persons. Their answers follow each question.

1. Do you think the taxonomy of mountebank healing artists will be a useful tool in health education?

   Yes  x  x  x  x  x  x  x  x  x  x
   No

2. Does the taxonomy of mountebank healing artists stimulate thought about mountebank healing artists?

   Yes  x  x  x  x  x  x  x  x  x  x
   No

3. In what way will the taxonomy of mountebank healing artists be useful?

   Person
   #1 - The taxonomy tells people about mountebank
**TABLE II**

NUMBER OF AMBIGUOUS STATEMENTS FOUND IN THE DECISION CHART BY CATEGORY AND PERSON

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<th>PERSON</th>
<th>CATEGORY</th>
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<td>Medical</td>
<td>Nutritional</td>
<td>Faith</td>
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<td>Mountebank</td>
<td>Mountebank</td>
<td>Healing</td>
<td>Mountebank</td>
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<tr>
<td>1. Receptionist</td>
<td>1</td>
<td>2</td>
<td>0</td>
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</tr>
<tr>
<td>2. Assistant</td>
<td>0</td>
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<td>2</td>
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<td>Architect</td>
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<tr>
<td>3. Head</td>
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healing artists, information you may not know.

#2 - It is a different method of comparing different mountebanks.

#3 - It contains information on every type of mountebank.

#4 - It will be useful to health educators. It would not be useful to the lay public.

#5 - The taxonomy would be useful for general public knowledge.

#6 - It will be useful to anyone involved in health education, and community health care, especially in minority communities.

#7 - The taxonomy will be useful in teaching health education.

#8 - The taxonomy would be useful to volunteers in voluntary health agencies.

#9 - The taxonomy will be useful in the dichotomization of mountebank healing artists into various categories on the basis of designated criteria.

#10 - It would be useful in a classroom setting.

**IS THE TAXONOMY A USEFUL TOOL?**

The development of a taxonomy of mountebank healing artists has gone through a series of checks and tests during its construction. The taxonomic scheme has been tested for ease of communication, operation and classification.

Although the taxonomy of mountebank healing artists classified the major healing artists in the categories; medical; nutritional; and faith healing quackery; the taxonomy probably will never be complete. There will always be new types of mountebanks to
classify or new variations of those already listed.

For the taxonomy to be regarded as a useful and effective tool it must meet two criteria. First, the taxonomy must stimulate thought about montebank healing artists among health educators. And second, the taxonomy must be accepted and used by workers in the health education field.

IMPLICATIONS FOR REVISION OF THE TAXONOMY

The taxonomy of montebank healing artists is a classification of the healing artists of three categories within health quackery. Although no similar classification of healing artists has been found by the author, the possibility exists that other taxonomies of health quackery may exist.

In relation to earlier works on different types of health quackery or "quacks", the taxonomy is more specific. Fishbein in his encyclopedia of cults and quackeries gave information about sixty-four cults. His intention was to provide a listing and not a classification. (64) This taxonomy on the other hand classified eighteen groups of ten classes within three categories. Some of Fishbein's cults gave little information. Information in the taxonomy of montebank healing artists was ordered and uniform for each category. The major difference between these two works was that Fishbein presented
a broad picture of each cult and the taxonomy presented a definitive description of each mountebank.

Compared to Cameron's three kinds of quacks which were very specific, the taxonomy was less specific. The three kinds included; the dumb quack, the deluded quack, and the dishonest quack. These three kinds referred to cancer mountebanks but may be applied to any area of health quackery. The definitions of each were very concrete. On the other hand the taxonomy described the mountebank by the cult to which he belonged. While Cameron's three kinds helped one understand the cancer quack, they did not help the reader to understand the different cults.

The taxonomy of mountebank healing artists should be revised whenever any section of the taxonomy becomes out-dated or whenever new more relevant information becomes available.
CHAPTER V

TAXONOMY

This chapter includes an introduction to the taxonomy of mountebank healing artists and the actual taxonomy.

INTRODUCTION TO THE TAXONOMY

The taxonomy has been made up of three levels of classification: 1. categories, 2. classes, and 3. groups. Each level of classification is identified by a number.

Categories have been indicated by either 1.00 for Medical Mountebank, 2.00 for Nutritional Mountebank, and 3.00 for Faith Healing Mountebank.

Classes have been indicated by .10 graduations of the category number, such as 1.10, 1.20, and 1.30 for the three classes of the category, 1.00 Medical Mountebank.

Groups have been indicated by .01 graduations of the class number, such as 1.21, 1.22, 1.23, and 1.24 for the four groups of the class, 1.20 Licensed "Medical" Practitioner.

TAXONOMY OF MOUNTEBANK HEALING ARTISTS

1.00 The Medical Mountebank

This category included the mountebank who patterned his practice of fraudulent health care after accepted
medical endeavors. The medical mountebank can be recognized by his impersonation of accepted medical practice. Unproven treatment methods include medicines, both chemicals and drugs and mechanical devices. Other means of treatment are used in conjunction with medicines and devices.

The medical mountebank is divided into three classes: 1. the physician mountebank, 2. the licensed "medical" practitioner, and 3. the unlicensed "medical" practitioner.

The cure that the medical mountebank uses is based on physical methods of treating infirmity. He advertises by testimonials and by the mass media; print, radio, and television.

The medical mountebank differs from the nutritional mountebank in means of treatment. While the nutritional mountebank usually utilizes dietary methods, the medical mountebank uses methods designed after those of the accepted medical physician. The medical mountebank also differs from the faith healing mountebank in means of treatment with the faith healer "healing" through spiritual efforts.

1.10 The Physician Mountebank

The physician mountebank may exhibit some characteristics of the Nutritional Mountebank,
Category 2.00 (refer to Table I on page 48.).

A particular problem in the exposure of the physician is the fact that he is a doctor of medicine with all of the respect and professional courtesy extended to a physician. As such, the physician mountebank is especially dangerous because of the liberties allowed him.

1.11 **The Mountebank Doctor:** This mountebank is a doctor of medicine with all of the appearances of any physician. The mountebank doctor usually operates from an office, employs one or more nurses, and is apt to utilize any of the unproven drugs or devices. As a physician, the mountebank doctor is licensed in the state where he practices and must be graduated from an approved medical school in all states and an internship in thirty-three states. (66)

Examples of the mountebank doctor include: Dr. William F. Koch, M.D., who announced the cure-all "glyoxylide" in 1919 (67) and Dr. Andrew Ivy, M.D., who was involved with the drug krebiozen. (68)

1.20 **The Licensed "Medical" Practitioner**

The licensed medical practitioner may also exhibit characteristics of the Nutritional Mountebank, Category 2.00 (refer to Table I on page 48.).

The particular problem with the licensed
health practitioners is that their recognition by the state gives them license to practice health care. This allows the practitioner such as the mountebank chiropractor to spread misinformation about health care and presents the public with a semantic conflict. Because of the state licensure, the licensed medical practitioner is often confused with the physician.

1.21 **Doctor of Chiropractic:** The mountebank chiropractor seeks to relieve illness and disease by manipulation of the back or spinal cord, called an "adjustment". Seeking to identify with the physician, the mountebank chiropractor or "mixer" as he is called by his own profession, patterns his practice after the doctor of medicine. Although the chiropractor by law cannot prescribe drugs or perform surgery, he uses many other techniques of the physician. The chiropractor is licensed in all states except Louisiana and Mississippi and must be a graduate from an approved chiropractic school with a degree of doctor of chiropractic. (D.C.). Twenty-eight states require one or two years of college as prerequisite for entrance to school of Chiropractic. A basic science certificate is mandatory in twenty-four states. (69)
Examples of the mountebank chiropractor include the following: Dr. Carl Chong Lee, a Sacramento chiropractor prosecuted for cancer quackery and practicing medicine without a license in October 1970, has treated patients with devices and medicines; (70) Dr. Marvin Phillips of Sherman Oaks, California, has the distinction of being the first mountebank convicted of murder in the second degree. Phillips, a chiropractor, detoured a young girl from medical treatment and as a result of the detour the patient died three months after Phillips began his treatment. (71) Another example of the mountebank chiropractor is Dr. Wing, "the famous Chinese Doctor", who advertises in the Los Angeles Times. His advertisement states that hundred of patients have found relief from "some" of the symptoms of diabetes, he lists nineteen symptoms.

1.22 Doctor of Osteopathy: The osteopath believes that the body's ability to produce curative agents is reduced by dislocation of the bones of the spine which causes malfunction of nerves or blood supply to some part of the body. The mountebank osteopath is similar to the mountebank chiropractor. This mountebank seeks the appear-
ance of the physician and may do so even more than the chiropractor. Any of the many unproven treatment methods can be found in use, especially devices and nutritional fads. Although all states license Doctors of Osteopathy (D.O.), forty-one states and the District of Columbia grant unlimited practice rights. In California initial licenses are not granted but existing ones are renewed. Some states issue limited licenses which place restrictions on the practitioners right to use drugs and perform surgery. The qualification for licensure is the degree of Doctor of Osteopathy from an approved college. A professional education varies from three thru seven years plus one year of internship. And a written examination for initial license is required in all states. (72)

Saylor in reporting on California's Cancer Quackery Law indicates that convicted individuals included seven doctors of medicine who were former osteopathic physicians, and one osteopathic physician. (73) Thomas Colson, D.C., an official of the Electronic Medical Foundation which was closed in 1962, used ccelloclasts, depolarays and electropad to treat cancer. (74)
Doctor of Naturopathy: The naturopath practices drugless healing. This area of medical quackery is a collection of many forms of healing which stray from regular medicine. Naturopathy means the psychologic, medical, and material sciences of healing. By definition the doctor of naturopathy practices the art of natural healing and the science of physical and mental regeneration on the basis of self-reform, natural life, clean and normal diet, hydrotherapy, osteopathy, chiropractic, naturopathy, electrotherapy, diet, and physical and mental culture to the exclusion of drugs and surgery. Qualifications are licensure in five states and the District of Columbia. All states require four years attendance at an approved school of naturopathy. A prerequisite of two years of college may be required in some states and half of the states require one year of internship. Completion of a written examination is required in all licensing jurisdictions. (75)

An example of the doctor of naturopathy was one Dr. Kenneth C. May of the Oak Hill Health Clinic of Arcadia, Mo. (76) Dr. May prescribed hydrotherapy, physical agents, manipulative and magnetic therapy, proper diet and botanical or
1.30 The Unlicensed "Medical" Practitioner

The unlicensed medical practitioner is that mountebank who practices medicine or some form of health care without a license. The unlicensed "medical" practitioner may exhibit characteristics of the Nutritional Mountebank, Category 2.00 (refer to Table I on page 48).

Two problems which the unlicensed medical mountebank poses are that of certification and training. This individual has not been certified to practice, nor has he received any approved training.
Any person can, no matter who, practice medicine (although not legally) just by renting an office, hiring a nurse, acquiring a false degree, and the needed materials for the physical set-up. Thus, this class is open to any type of crank or crackpot.

1.31 The Homeopath: The homeopath follows the principles set down by Samuel Hahnemann just before the nineteenth century. It is the system that prescribes a medicine capable of producing a similar artificial disease to the illness or disease of the patient. The medical material of the homeopath is a catalogue of the symptoms or "drug sicknesses" produced by large doses of the different medicinal agents. It is the use of drugs so minute in dose to be devoid in effect. The homeopath follows the catalogue of drug-sicknesses contained in his symptom book, and always holds that the dose can never be too small. Though homeopathy is slowly dying out, there are still homeopaths practicing in certain areas such as Philadelphia. (78) A homeopathic medical journal is published in Philadelphia, and there is still a Foundation for Homeopathic Research in New York. (79)
1.32 The Reflexologist: Reflexology is the theory that all nerve endings are in the feet and that by massage of the feet one can treat ailments ranging from minor aches to cancer. (80) This form of treatment is also called "Zone Therapy". South Dakota reported in 1962 that the citizens of that state spent three million dollars on three hundred reflexologists. (81)

An example of the mountebank reflexologist is Stanley E. Burroughs of Portland, Oregon, who has been reported to treat cancer with Zone Therapy or Reflexology. (82)

1.33 The Naprapath: The naprapath believes that nerve function is impaired by the contraction of the connective tissue through which the nerves pass. Drugs and surgery are believed to be useless as well as harmful. It is a manipulative treatment directed to the ligaments and muscles of the spine. Naprapathy was an offshoot of chiropractic and practitioners of this cult are rare. (83)

1.34 Other Unlicensed "Medical" practitioners: Any individual may take up the practice of a health profession without being licensed. And
if the mountebank is sly enough he can avoid prosecution. This group includes everything from the person who practices medicine without a license to the mountebank who does not identify himself as any of the mountebanks listed here but practices a hodge-podge of the unproven treatment methods.

An example of the unlicensed medical practitioner was "Dr." John Brinkley, the advertising doctor. Brinkley specialized in the goat gland implantation that supposedly would rejuvenate the patient. Formulas and books were also sold. Brinkley used the mail extensively and owned his own radio stations. (84)

2.00 The Nutritional Mountebank

The nutritional mountebank believes or professes that the key to health and the cure of illness and disease can be found in nutritional products; foods, supplements or nutritional practices. The mountebanks of this category can be recognized by their faddist tendencies concerning health care.

The nutritional mountebank is divided into three classes; 1. the faddist of foods, 2. the faddist of nutritional supplements, and 3. the faddist of nutritional practices.
The cure that the nutritional mountebank espouses is based on nutrition. The nutritional mountebank usually advertises by testimonials and by the mass media.

The nutritional mountebank does not prescribe drugs as does the medical mountebank, though both may use devices to treat patients. And unlike the faith healer mountebank, who believes in healing by a spiritual force, the nutritional mountebank purports that his healing results from the nutritional substances or practices given the patient.

2.10 The Faddist of Foods

The food faddist may exhibit some characteristics of both of the other categories (Table I illustrates this overlap).

Because of the varying nature of food fads and the widespread publicity or advertising that these fads attain, the faddist of foods presents a special menace to the American public. The food faddist may publish a fad diet in a women's magazine and reach hundreds of thousands of readers. There is little control in this area.

2.11 The Food Faddist: The food faddist is that mountebank who proposes a diet of particular foods for the treatment of illness or disease. This diet may involve vegetables, fruits, raw juice,
or one particular food alone. There is no certification for the nutritional mountebank, although a college degree in nutrition may be held by the food faddist. There are no schools of food faddism.

Examples of food faddists include: Sylvester Graham with his theories about vegetables and the Graham Cracker; John Harvey Kellogg of Battle Creek who was involved in vegetarianism, minute-brew, and cereal; and the well known Gaylord Hauser, who promised health for those who partook of blackstrap molasses, brewers yeast, and wheat germ. (85)

2.20 The Faddist of Dietary Supplements

The dietary supplement faddist may also exhibit some characteristics of the Medical Mountebank, Category 1.00 (Table I on page 48 shows this overlap).

This mountebank presents a special problem. Although the human body will excrete or pass some supplements that are not needed or are in excess, others may accumulate in the body and lead to complications. Thus, treatment of illness or disease by dietary supplements can pose a danger to the patient, other than the detour of the patient from accepted treatment modes.
2.21 The Dietary Supplement Faddist: The mountebank, who prescribes vitamins, minerals, and other dietary supplements for the treatment of illness or disease, is called the dietary supplement faddist. This treatment mode may involve massive doses of supplements plus other treatment modes. There are no qualifications or schools for this mountebank and thus no certification.

Examples of the dietary supplement faddist include the following: Carlton Fredricks has been revealed as a mountebank by the Food and Drug Administration for false labeling forty-two products of Foods Plus, and even today this mountebank can be seen and heard on television talk shows; (86) and the actor Robert Cummings who reported his nutritional findings in health faddist fashion in a book, Stay Young and Vital, was involved with Nutri-Bio company. The Food and Drug Administration acted against Nutri-Bio in 1961. (87)

2.30 The Faddist of Nutritional Practices

The mountebank which is termed the faddist of nutritional practices may exhibit some characteristics of both of the other Categories, 1.00 Medical Mountebank and 3.00 Faith Healing Mountebank (refer to
Table I on page 48.

This portion of the nutritional quackery range is closest to the faith healing section of the continuum, since both of these areas of the taxonomy deal with faith in a treatment mode, nutritional practices and faith healing. The main problem involved with any regimentation is that it may tend to be to extreme for some individuals. And some of the nutritional practices were and are sometimes extreme. This tendency toward radical changes in the diet and living practices may hinder the health of the individual instead of promote health.

2.31 The Nutritional Practice Faddist: The nutritional practice faddist is that mountebank which proposes nutritional practices, activities involved in eating or the ingestion of food or supplements, for promoting health, vitality, and the healing of illness and disease. The practice usually involves a strict daily routine for living and eating. There are no schools for the area of belief nor is there any type of certification for nutritional practices.

Some of the mountebanks that were involved in nutritional practices are: Father Kneipp and the "water cure" which suggested that water
dissolves poisonous substances; (88) and Bernarr
MacFadden, the bare chested king, who proposed
"physical culture" as a means to health. (89)

3.00 The Faith Healing Mountebank

The category, faith healing mountebank, includes	hose healers who attach a religious or spiritual signifi-
cance to the healing experience. This mountebank believes
that a cure can be enacted by faith in the particular deity
or saint and that this deity or saint has the power to
cure illness, disease, or ill health. The mountebank often
feels that he is entrusted with the force or power of heal-
ing the ill. The faith healing mountebank can be recogniz-
ed easily. The faith healer specifies that he can heal the
ill through "his" religion or area of belief and not through
medicines, devices, or nutritional methods.

The faith healing mountebank is divided into four
classes; 1. the mountebank clergyman healer, 2. the mounte-
bank religious healer, 3. the occult healer, and 4. the
mountebank Christian Science healer or practitioner.

The cure which is employed by the faith healer is
based on faith in a spiritual force. Like the other cate-
gories, both the medical mountebank and the nutritional
mountebank, the faith healing mountebank does not accept
the tried and proven methods of treating illness and
disease. He rejects the medical doctor and the treatment
of drugs, surgery, and radiation. The faith healing mountebank often advertises.

The faith healing mountebank can be differentiated from the other two categories by the emphasis he places on the spiritual belief, by his treatment mode, and by the lack of acceptance of physical health care, both medical and nutritional. Some faith healers may involve nutrition measures in their belief.

3.10 The Mountebank Clergyman Healer

The mountebank faith healer, who is a schooled clergyman, seldom if ever exhibits characteristics of other categories (Table I on page 48 shows this).

The mountebank clergyman, because of the unique situation that he presents, is particularly troublesome. Since the individual is a confirmed clergyman and religious leader, the mountebank clergyman may exercise tremendous influence upon the public. Besides the danger of detour from approved medical care of the ill person who seeks healing from the mountebank clergyman, this mountebank asks for "gifts" or money to help carry out the healing sessions.

3.11 The Clergyman Healer: The group of mountebanks that have drifted away from ethical religious priesthood to become mountebank faith healers are probably few in number. But like any other
occupation or endeavor, there are always a few strays from the accepted. The clergyman healer usually carries out healing crusades across the country or across states, moving from town to town. Small fundamentalist churches are usually the targets of the healing crusade with the afflicted individuals being screened to allow the healer the best possible group to heal; those with minor illnesses that will recover with time and those psychosomatic illnesses that are open to the impression or self diagnosed cases that are minor illnesses. The clergyman healer usually employs the contact method of healing. (90) Testimonials are a very important part of the faith healers program, thus numerous individuals usually testify to the healing powers of the mountebank clergyman. Qualifications for the priesthood include appropriate schooling which differs for each denomination, usually a seminary education or university religious studies education followed by ordainment as a minister.

A few of the clergyman mountebanks that have been active in faith healing were; Reverend Jack Coe formerly of Miami, Florida. (91) and Reverend Robert de Weese of Healing Waters, Inc. who is the campaign manager for Oral Roberts. (92)
3.20  The Mountebank Religious Healer

The mountebank religious healer may exhibit characteristics of the Nutritional Mountebank, Category 2.00 (refer to Table I on page 48).

In certain instances the mountebank religious healer overlaps into nutritional quackery. The religious healer is that individual who adopts the religious healing image and commercializes as does the mountebank clergyman healers. The religious healer usually identifies himself or herself as "Brother Ike" or "Sister Marlo". This mountebank seems to advertise extensively and maintains offices where patients come for healing, counseling, and prayer. And the religious healers tend to cluster around certain radio stations that make station time available to the "healing" program.

3.21  The Religious Healer: The religious healer is similar to the clergyman healer in many respects. Religious healers carry out healing crusades in different areas as well as in offices in the larger cities. Potential cured are selected and hard afflicted cases are avoided. Methods of healing vary with contact healing, holy oil, and prayer cloths being more common. Nutritional treatments may be involved in the faith healing
experience in some faith healing philosophies.
There are mountebank faith healing schools in the
United States. Unity School of Christianity,
Lee's Summit, Missouri is an example of the mounte-
bank healing school. (93)

A few of the mountebank religious healers
that have been active in southern California and
the United States are: Oral Roberts—chairman of
Healing Waters, Inc. of Tulsa, Oklahoma; Kathryn
Kuhlman of the Kathryn Kuhlman Foundation; and
Velma Mary Lee Jaggers of Los Angeles who heals
with holy oil. (94)

3.30 **The Occult Healer**

The mountebank healing artist who believes in
the healing of the ill or sick by occult means may
also exhibit some characteristics of the Nutritional
Mountebank, Category 2.00 (refer to Table I on page 48).

The occult healing artists may propose nutri-
tional practices or methods in some instances. With
the current occult revival in the last couple of
years (1968-) this group of faith healers can be a
hazard to those persons who yield to the occult in-
fluence. The practices and philosophies of the many
occult cults vary so much that the hazards are multiple.
Few of the occult faith healers advertise in the media,
though the occult healer has been known to appear on
television or radio.

3.31 **The Satanism Healer:** This mountebank faith healer places faith in satan and the church of satan. The main ceremony is the black mass usually involving an altar, fur rugs, and a virgin girl. The philosophy of the satanic healer is to enjoy problems. The problems involved in this cult are many and the person who yields to the influence of the church of satan is taking a chance.

An example of the church of satan practitioner is Anton LaVey of San Francisco. (95)

3.32 **The Witchcraft Healer:** Within the belief of witchcraft, covens (groups of thirteen members) meet regularly. The particular coven has its own aim. Rituals encompass singing, chanting, dancing, casting spells, bathing in salts, and cures. (96)

A Chicago group has been reported to heal the sick. (97)

3.33 **Other Occult Healers:** Any mountebank faith healer involved in mystic beliefs may present a hazard to the public. Into this group are many small cults believing in spiritual healing of illness or disease. There probably are informal schools for teaching these beliefs.
Examples of this occult healer include:
Hoo Fang of Los Angeles who practices mental healing and "surgery"; and Mr. Beige a Los Angeles mystic who specializes in women and clitoris manipulation. (98)

3.40 The Christian Science Practitioner or Healer

The Christian Science Practitioner is the authentic faith healer. As shown on Table I on page 48, the Christian Science healer does not overlap into either Category 1.00, the Medical Mountebank, or Category 2.00, the Nutritional Mountebank.

Christian Scientists prefer to rely wholly on spiritual means for healing the ill or diseased. In situations where law requires the employment of a physician, during childbirth or treatment for minor children, Christian Scientists are strictly obedient to the requirement. Although the last one hundred pages of their text Science and Health are filled with testimonials of healing and their meetings consist partly of testimonials, little proven scientific evidence exists of healings resulting from the Christian Science practitioner. While believing that faith does have some bearing on recovery from illness, a few people would place full confidence in faith healing a disease. The Christian Scientist places full faith in the practitioner for the healing care of
his family. The situation exists of an individual receiving no medical care and possibly dying or being physically hindered for life because Christian Science and religious beliefs would not allow medical treatment of a serious injury, illness, or disease. This is the problem that families believing in Christian Science face, Christian Science healing or medical treatment. In certain situations Christian Scientists do allow medical treatment, such as for open fractures. (99)

3.41 The Christian Science Practitioner: The Christian Science practitioner is a mountebank by the definition given in Chapter I. This mountebank is the faith healer in pure form. Christian Scientists rely on nothing but faith and the practitioner to heal their ill. Any person believing in the faith may become a practitioner. Church membership is a primary requirement. Next, the student should receive class instruction with a loyal teacher of Christian Science. Work in the church is supposed to give the student an opportunity to realize what his own work is in relation to the mission of Christian Science. And the student should study daily the texts of Christian Science. The final decision of when to enter active practice is left up to the student.
although the church encourages students to begin practice on a restricted basis and work up to public practice. The practitioner relies on two texts, the Bible and *Science and Health* by Mary Baker Eddy the founder of the church. (100)

Christian Science practitioners are many and each branch church usually has several practitioners living close by. Christian Science practitioners are listed in the monthly directory of *The Christian Science Journal*. These practitioners are experienced and devote themselves to the healing of the sick.
DECISION CHART OF THE TAXONOMY

The Decision Chart was developed as a schematic presentation of the taxonomy of mountebank healing artists.

The Decision Chart was divided into four sections as follows:

1. Chart (a) - A skeleton of the entire Decision Chart showing the three categories of the taxonomy.

2. Chart (b) - Category - 1.00 Medical Mountebank.

3. Chart (c) - Category - 2.00 Nutritional Mountebank.

4. Chart (d) - Category - 3.00 Faith Healing Mountebank.

To use the Decision Chart, start at Chart (a) and follow the chart through to the indicated category. Next turn to the continuation of the same category found on one of the following pages.
DECISION CHART OF MOUNTAIN HEALING ARTISTS

The decision chart has been divided into four subcharts a, b, c, and d. This chart, subchart (b), shows the position of the other charts.

**Sub-chart (a)**

 Begins here:

Does the practitioner use discredited or unproven methods, techniques, or theories in the diagnosis and/or treatment of an illness or disease, and is the treatment given in bad faith or is it consistently and considerably below the standards for health care in the community?

- **NO**
  - **YES**

**Sub-chart (b)**

Does the mountain use special drugs and medicines (herbs, vitamins, minerals, or foods) to treat illness or disease (does the mountain orient his activities at health through his type of profession)?

- **NO**
  - **YES**

**Sub-chart (c)**

Does the mountain use worship or faith in a spiritual or religious "being" to cure and heal the ill or diseased?

- **YES**

**Sub-chart (d)**

Does the mountain use the philosophy that the key to health and the cure of illness or disease can be found in "this" type of nutrition (food, supplements, and/or nutritional practices) (characterized by fatalistic tendencies concerning health care)?

- **YES**

**Category 1.01: Medical/Therapeutic: The mountain uses unproven treatment methods of medicines and devices and impersonates or masquerades as a medical physician.**

**Category 1.02: Faith Healing: The mountain uses faith in a "living being as a cure or healer for illness or disease, and his activities at healing the ill through faith in a God or Higher Power."**
The key to health and the cure of illness can be found in this type of nutrition, characterized by addictive tendencies, an excess of certain foods, supplements, and nutritional practices. This includes the use of vegetables, fruits, whole grains, and other whole foods. It emphasizes a diet of vegetables, fruits, and other whole foods. It is characterized by a strict daily routine of eating and drinking, and for the treatment of illness, it proposes practices conducive to maintaining health and reducing symptoms.
### Class 3.10 Occult Healers

This mountebank uses worship or faith healing as a cure for illness or disease, and does orient his activities at healing the ill through faith in a God of "divinity."

<table>
<thead>
<tr>
<th>Does the mountebank worship an occult deity or faith and seek to cure or heal illness or disease through occult faith?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the mountebank propose healing the sick or ill through worship of the Devil (Satanism) and not through worship of Witchcraft of other occult faiths?</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Class 3.11 Occult Healer

This mountebank worships Satan and seeks to cure the ill through worship in Satan and ceremonies.

<table>
<thead>
<tr>
<th>Does the mountebank propose healing the sick or ill through worship of the Devil (Satanism) and not through worship of Witchcraft of other occult faiths?</th>
<th>Yes</th>
</tr>
</thead>
</table>

#### Class 3.12 Witchcraft Healer

This mountebank worships witches and witchcraft. Some of these healers meet in groups called "covens" and aim to cure the sick and ill. Rituals may encompass chanting, dancing, spells, bathing in certain salts, and curses.

#### Class 3.13 Other Occult Healer

Any group of mountebanks involved in mystic healing of ill or the sick who use unproven treatment methods.

### Class 3.15 Mountebank Clergyman Healer

Does the mountebank lack affiliation with a church or specific religious faith and does he probably lack a formal religious education and ordination as a clergyman, and does he seek to impersonate the "real" clergyman by calling himself an "evangelist or other religious name? 

- Yes: Class 3.16 Mountebank Religious Healer
- No: Class 3.11 Mountebank Clergyman Healer

#### Class 3.16 Mountebank Religious Healer

This mountebank adopts the image of the clergyman and seeks to heal the ill or diseased through worship, faith healing, prayer cloths, or other unproven treatment methods.

#### Class 3.17 Religious Healer

This mountebank accepts the image of the clergyman and seeks to heal the ill or diseased with various faith-oriented unproven treatment methods. He may call himself evangelist, healer, sister, brother, etc.

### Class 3.40 Christian Science Practitioner or Healer

Does the mountebank firmly believe in God and does he rely totally on spiritual faith for healing the ill or diseased plus disbelieving in medical treatment for the ill and diseased?

- Yes: Class 3.41 Christian Science Practitioner
- No: Class 3.40 Christian Science Practitioner or Healer

#### Class 3.41 Christian Science Practitioner

This mountebank is the faith healer in pure form. He does not believe in medical treatments for illness and disease. (Characterized by testimonials in church)
CHAPTER VI

SUMMARY

The development of a taxonomy of mountebank healing artists has been an attempt to facilitate communication and understanding of the mountebank healer.

The purpose of the study was to develop a comprehensive and educational classification system of mountebank healing artists.

The taxonomy was limited to the mountebank healing artists of three categories: 1. The Medical Mountebank; 2. The Nutritional Mountebank; and 3. The Faith Healing Mountebank. The taxonomy did not cover; simple incompetent care, research, counseling or mental health.

Because the field of community or public health education involves certain behavior patterns which are observable and can be manipulated, descriptive statements of this behavior can be classified. Therefore, there would seem to be a potential for taxonomic application to the field of public health education.

Past attempts to classify the area of health quackery have usually resulted in some type of description of the treatment philosophy rather than the treatment artist - the mountebank himself.

Although no true taxonomy of mountebank healing artists has been found by the writer in the literature,
a few works have attempted to classify the mountebank or
his cult.

The development of the taxonomy was based upon the
available literature. Both current and past literature
was a primary source of information on the mountebank
healing artist. Publications from voluntary and tax
supported health agencies have been a valuable source of
information. Other sources have included persons of
expertise in the area of health quackery and mountebank
healers themselves.

The taxonomy was constructed according to the
principles of taxonomic classification. These principles
have included: logical construction, internal consistency,
consistency with current knowledge, and relative neutral-
ity.

The criteria for the categories were placed in a
hierarchy according to the availability of raw data. The
criteria were ranked: 1. Criteria for Medical Mountebank;
2. Criteria for Nutritional Mountebank; and 3. Criteria
for Faith Healing Mountebank.

The main criterion for limiting the taxonomy was
"the mountebank treatment of physical illness, disease, or
mountebank treatment to improve physical health."

A decision chart of the taxonomic scheme was
developed to facilitate identification of different
mountebanks from the taxonomy.
The decision chart was tested on ten persons to remove unclear or ambiguous statements. Following the testing, the decision chart was revised to make it as clear as possible.

The taxonomy of mountebank healing artists as used in this study was a theoretical taxonomy rather than an empirical taxonomy.

There were three stages in its development. In the first stage, symbols were chosen to represent the classes of mountebanks to be classified. In the second stage, these symbols were defined so that they would be understandable and useful for those using the taxonomy. In the third stage, the taxonomy was tested in chart form and a consensus of the testing group secured.

Because there were some classes in the taxonomy which exhibited some characteristics of another category or class, Table I was developed to illustrate the possible overlap found in these classes.

Three problems presented themselves during the work on the taxonomy. The first problem was whether or not mountebank healing artists could be classified in a taxonomy. The second problem was the determination of the scope of the taxonomy. And the third problem was the lack of up-to-date information on the health mountebank.

No simple set of terms, descriptions or definitions would suffice as a taxonomy of mountebank healing artists.
Thus, the guiding principles for taxonomy construction were followed. Each of the three categories were divided into three sections: 1. The Category with a description of the category; 2. The Class with the range of the class on Table I and the problems and considerations posed by the mountebank to health educators; and 3. The Group with illustrations and characteristics as well as examples of mountebank healing artists.

The data from the testing of the Decision Chart #1 indicates that the chart had been successfully tested for ambiguity and that the majority of the ten test persons felt that the taxonomy would be a useful tool in health education. The final form of the taxonomy was then developed as follows:

Category 1.00 The Medical Mountebank

This category includes the mountebank who orients his practice toward the medical profession.

Classes of the category include: 1.10 The Physician Mountebank; 1.20 The Licensed "Medical" Mountebank; and 1.30 The Unlicensed "Medical" Mountebank. Each class may have from one to four groups classified under it.

Category 2.00 The Nutritional Mountebank

This category includes the mountebank who orients his practice toward health through nutrition.

Classes of the category include: 2.10 The Faddist
of Foods; 2.20 The Faddist of Dietary Supplements; and 2.30 The Faddist of Nutritional Practices. Each class has one group classified under it.

Category 3.00 The Faith Healer Mountebank

This category includes the mountebank who orients his practice toward faith healing.

Classes of the category include: 3.10 The Mountebank Clergyman Healer; 3.20 The Mountebank Religious Healer; 3.30 The Occult Healer; and 3.40 The Christian Science Practitioner.

The Decision Chart of the Taxonomy

Decision Chart #1 is a schematic of the actual taxonomy. The chart was designed to be used after the user is familiar with the entire taxonomy and its contents.

POSSIBLE VALUE OF THE TAXONOMY

It is felt that the taxonomy clarifies and strengthens the language regarding mountebank healing artists. The term "quack" as currently used is very non-specific and does not refer to any identifiable sub-group unless the term precedes a name such as "quack doctor" or "quack chiropractor". This taxonomy has overcome this problem.

The taxonomy allows for exact reference to expected behaviors of mountebank healers. With each category named and with the behavior of each healer described, the
behavior of any mountebank healer can be anticipated and understood. Thus, a reference made about a mountebank healing artist could be utilized to name the healing group, describe the treatments likely to be used, tell whether or not the mountebank advertises and if so how, and indicate what type of credential if any the mountebank holds. Thus, the taxonomy can be a useful aid to educators and those concerned with consumer health.

The study and comparison of mountebank healing artists is also furthered by the development of the taxonomy. The taxonomy itself has been an addition to the already existent knowledge on mountebanks. Conceivably the taxonomy will be an aid to other researchers in this study of health quackery.

It facilitates the examination and evaluation of mountebank healers. A practitioner can be investigated and evaluated on the basis of how characteristics of one practitioner differ from characteristics of another. The practitioner in question can be identified as to individual kind, and group of kind. This identification can be used to help determine whether or not a practitioner is a mountebank or an honest health practitioner.

This taxonomy may stimulate others to attempt to develop a taxonomy. Further research on mountebank healing artists is necessary. The possibility exists that a real order among mountebank healing artists may be discovered.
Though this taxonomy was based on existing facts and observed data from literature and research and in this sense is "real", the possibility remains that an order among mountebank healing artists could be discovered that is more meaningful and universal than this or any other existing work on quackery practitioners.

Finally, this taxonomy may serve as a model for future taxonomies in public health as well as taxonomies in still other fields.
FOOTNOTES


16. Bloom, _loc. cit._

17. Krathwohl, _loc. cit._

18. Griffiths, _op. cit._


24. Thompson, _op. cit._, p. 25.


32. American Medical Association, Mechanical Quackery, Department of Investigation (Chicago, 1966), p. 4.

33. Selected general references from the American Medical Association, the American Cancer Society, and American Medical News.


37. Ibid., p. 3


43. Reese, op. cit., p. 113.


45. Ibid., p. 86.


55. Ibid., p. 95.


57. Fishbein, loc. cit.

58. Thompson, op. cit.

59. Reese, loc. cit.

60. Lasagna, op. cit.


63. Kime, loc. cit.

64. Fishbein, op. cit.

65. Cameron, op. cit.


68. Holland, op. cit., p. 213.

69. State Licensing of Health Occupations, op. cit.

70. Sacramento Union, October 22, 1970.


72. State Licensing of Health Occupations, op. cit.

73. Saylor, op. cit., p. 95.


75. State Licensing of Health Occupations, op. cit.

76. Index of File Material on New or Unproven Methods of Treatment of Cancer, op. cit., p. 56.

77. Ibid., p. 36b.

78. Lasagna, op. cit., p. 35.

79. Ron Deutsch, The Nuts Among The Berries, op. cit., p. 44.

80. Lasagna, op. cit., p. 38.

81. Ibid.
82. Index of File Material on New or Unproven Methods of Treatment of Cancer, op. cit., p. 84.
83. Fishbein, op. cit., p. 51.
84. Carson, op. cit.
88. Ibid., p. 45.
89. Ibid., p. 145.
91. Index of File Material on New or Unproven Methods of Treatment of Cancer, op. cit., p. 28.
92. Ibid.
93. Ibid.
94. Bishop, op. cit., p. 61.
95. Loyd, op. cit.
96. Ibid.
97. Ibid.
98. Bishop, op. cit.
100. Ibid.
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A. PRIMARY SOURCES

1. Books


2. Periodicals


3. Pamphlets, booklets, and reports


California Congress on Medical Quackery, Proceedings, October 10, 1962, San Francisco, California.


4. Newspapers

Sacramento Union, October 22, 1970.

5. General Sources

Selected references from the American Medical Association, American Cancer Society, and American Medical News (July 27, 1970).
APPENDIX

DECISION CHART EVALUATION INSTRUCTIONS

You will be given:

(1). Chapter I, Introduction to the Taxonomy of Mountebank Healing Artists and Chapter V, Taxonomy.

(2). The Decision Chart of the taxonomy of Mountebank Healing Artists.

(3). Six descriptions of "health practitioners".

Please follow these instructions, (You may ask questions of the interviewer at any time):

1. Read Chapter I and look over Chapter V.

2. Look over the Decision Chart and become familiar with its contents, it is a method or device which is designed to classify and identify mountebank healing artists by category, class and individual group.

3. Given the descriptions one at a time, you are to use the Decision Chart as a means of classifying and identifying the practitioners described in the six descriptions. Whenever you encounter an unclear or ambiguous statement within the chart stop and notify the interviewer. Follow the chart closely and read the descriptions carefully.

4. After you have identified the six practitioners, the interviewer will ask you three questions.
QUESTIONS

1. Do you think the taxonomy of mountebank healing artists should be a useful tool in health education? Yes or No.

2. Does the taxonomy stimulate thought about mountebank healing artists? Yes or No.

3. In what way will the taxonomy of mountebank healing artists be useful? Short answer.
DESCRIPTIONS OF HEALTH PRACTITIONERS

Description #1 - from Today's Health

A busy Berkeley, California, witch deems herself a healer. "You literally go into the other world to do battle with disease," she says. For a middle-aged housewife suffering with cancer, the witch stood before a bubbling iron pot, made passes over it with an old Swiss sword, and began to cast a spell. She ended with an unearthly scream to two ancient gods.


Description #2 - from Time magazine

The FDA's order however, did not stifle interest in the drug. Manufacturers in Mexico and Monaco are now producing Laetrile and California's McNaughton Foundation, which also funds research in diabetes, parapsychology and heart disease, championed its cause. Nor did the FDA warning frighten the desperate. Since 1963, more than 2,500 American cancer sufferers, many of whom had given up on other treatments, have flocked to the Tijuana clinic, which is run by affable Dr. Ernesto Contreras, a graduate of the Mexican Army Medical School.

Contreras' claims for Laetrile are as modest as his fees. The doctor charges only $10 for a first visit, $7 for subsequent visits, $3 for a gram of the drug. He says that Laetrile is just "another chemotherapeutic agent against cancer," though it seems clear that many of his patients feel otherwise. They claim complete cures or remissions after only months on the drug. Their contentions are difficult to assess, since few have submitted themselves for examination at recognized medical facilities.

The U.S. medical establishment has continued to take a hard line on Laetrile. The American Cancer Society and the American Medical Association oppose the drug on the grounds that its efficacy is unproved. So does the FDA, which says: "There is no evidence either preclinical or clinical, that it
Longtime nutritional darling of the airwaves, Carlton Fredericks had been telling the story of miracles possible through special foods and supplements. His program, lately known as "Living Can Be Fun", dealt especially with certain foods and supplemental formulae which could be bought only from a company called Foods Plus. Foods Plus made wide use of Fredericks' name and endorsements in its sales. In 1961 the Food and Drug Administration charged that misinformation presented by Fredericks on the air did indeed constitute mislabeling of forty-two Foods Plus products.

This was a landmark effort, since it was the first time that broadcasts had been taken as labels of products sold for health. FDA said many claims in the Foods Plus catalog were also false--some of these being for Fredericks' special formulae--and that suggestions in the catalog that Fredericks was an internationally recognized authority on nutrition were "false and misleading".

As usual, Fredericks took the position of the persecuted, seeking shelter in the arms of those who were willing enough to believe that the poor faddists of the land shared the rights of freedom of speech (no matter what it was they said, or what the intent) and the rights of choice of medical care (both in the giving and the receiving) without regard to the laws governing medical practice or the canons of efficacy which guide the professionals.

Let us see what charges were made against Fredericks when he was taken into court by FDA in 1961. Let us see what the harmless, though perhaps eccentric, old fellow had been claiming. In its decision, the Federal court noted Fredericks had recommended: "various vitamins and dietary supplements as remedies and/or preventives for:

Respiratory diseases, circulatory diseases, cystic mastitis, club feet, neuritis, lowered thyroid activity, disturbed elimination, high blood pressure, strokes, rheumatic fever, tooth decay, allergies, damaged brain and nerve cells in children, multiple sclerosis, hardening of the arteries, lack of mental resistance to

**Description #4 - from the Los Angeles Times**

"DIABETES"

Hundreds of patients have found satisfying relief from some of the symptoms of diabetes such as sugar in the urine, frequent urination, great thirst and hunger, loss of weight, extreme tiredness and exhaustion, cold feet, cramps in the legs, neuritis pains, sores and boils, itching skin eruption, despondency, temper spells, poor memory, inability to think clearly and general bad feeling. Other cases treated by Dr. Wing, D.C., the famous Chinese Doctor, 1429 S. Vermont Ave. (Between Pico & Venice Blvd.), L.A. 6, DU. 2-2801. Wed. 10-12, 2-6; Sat. 9-12. Pomona, 900 E. Holt Avenue, NA. 9-3910. Tues., 3-6 Fri. 9-12. San Bernardino, 2336 Sierra Way, TU. 6-8609, Tues., 9-12; Thurs., 9-12, 2-5, "Regain Health, Naturally". (The Times Los Angeles, date, page, column unknown).

**Description #5 - from Revival of America**

"REVIVAL OF AMERICA"

"I felt my ears open," "There it went," "I felt and saw my leg grow," "He broke my crutches...then prayed," "It felt like a BALLOON blowing up in my leg!" Doctors told Kris Radach that he would have to walk on crutches the rest of his life and wear braces also. Deterioration of the hip caused by lack of fluid through his hip joint made it impossible for Kris to walk normally. Rev. Jenkins called Kris out of the audience and described his condition perfectly and said he would walk out of the auditorium normally. After prayer, Kris described his healing as "feeling like a balloon blowing up in my hip and a tickling warm feeling going through my leg." Kris' mother Mrs. Marie Radach when reporting her son's testimony stated, "I can't believe it but I know
this is God and I know He heals by the evidence of my son's leg."

Dear Friend in Christ,

I want to thank everyone who has written in recent days for their encouraging words and prayerful support. If you are one of my "silent partners" who has been putting off writing to me, write today and both of us will be blessed by your efforts. Please note, I'm asking for contributions for an organization but direct help to win souls for eternity before it is too late. Do your part and write to me today, I'll be looking for your letter.

Your evangelist,
LeRoy Jenkins


Description #6 - from the book, The Nuts Among The Berries

The story begins in 1961, on September 27, to be precise. The date is memorable because it was publication day for CALORIES DON'T COUNT, a book offering what purported to be a new, painless, sure-fire way to lose weight.

The title is catchy. It offered solace to those who had suffered so in the counting of caloric values, in worrying about not eating foods with large numbers of calories. As ever among the obese, those who bought the book hoped for the touchstone that would enable them to be slim but not hungry. Science had not yet found a method to achieve this state; it probably never will, and certainly not in the theories of Dr. Herman Taller, M.D., the nominal author. The book reached the top of the best-seller list.

Dr. Taller's theory was basically this: To lose weight one had only to eat a diet of unlimited proteins and fats but with very little carbohydrate (starch and sugar) content. Thus the title of the book. For if one ate little carbohydrate and added to the diet certain vegetable oils, there was no need to count the calories consumed. Fat would go away. There was one other essential. The reader was to take before each meal two capsules of safflower oil. (Deutsch, Ron M., "Taller in the Saddle," The Nuts Among the Berries, (New York: Ballantine Books, 1967), p. 282)